Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless 8 displays a valid CMB control num Approved for use through 7/31/2006 CMB 0651-0032 U.S. Pateril and Trademark Office: U.S. DEPARTMENT OF COMMERCE

	400		- COUNTY I	EE DETERMIN of Form PTO-875	Effective De	cembe	8. 2004		oldo	2003 en 1	formber
	APP	LICATION A	S FILED -			•	•			1	
		(Colun	nn 1)	(Column 2)		SMALI	L ENTITY	OR	• (OTHER	MAHT S
FOR BASIC FEE		NUMBER FILED		NUMBER EXTRA			_	5	MALL	ENTIT	
(37 CFR 1 18(4) (0) W (C))		NA		N/A	RATE (\$) FEE (\$)			RATE		FEE	
EXAMINATION FEE		NA		N/A	NA		\$250		N/A		300.
(37 CFR 1 16(a), (p), or (q))		NA		N/A		VA.	\$100		. N/A		\$500
(37.CFR 1 16(1)) INDEPENDENT CLAIMS		minus 20 =			XS 2	5 .	7.00	-	<u></u>	· N/A	\$200
37 CFR 1 16(h))					X10			OR	X\$50 .		
PPLICATION	2176	If the specific	ation and di	rawings exceed 100				.	X200	• [:
APPLICATION SIZE FEE 37 CFR 1 16(6))		is \$250 (\$125 for small entity) additional 50 sheets as feedly		ication size fee due nlify) for each							
JLTIPLE DEP				13/ CFR 1'16/6\]			٠.
ULTIPLE DEPENDENT CLAIM PRI If the difference in column 1 is less to					+18)=		1 1	+360=		
					TOT	ac []	TOTAL	_	
Ar	PUCATIO	ON AS AME	NDED - PA	ART II	•			•	· • · · ·	ļ.e.	
	(Colun	nn 1)	(Colu	mn 2) · /Cohima 2)	,		•				
	CLA	MS	(Colu		SM	ALL EN	ירווו	OR .	OTH	ER TH	IAN ,
3/06/	CLA REMAI	IMS .	HIGHE	ST PRESENT	J [:	OR `	OTH SMAL	ER TH	AN /
3 8 65	CLA REMAI AFTI AMEND	IMS INING ER MENT	HIGHE NUMB PREVIOU PAID F	EST PRESENT USLY EXTRA	SM.	"	ADDI- TIONAL	OR	OTH SMAL RATE (\$)	1.	ADDI:
folal intern Literia	CLA REMAI AFTI AMEND	IMS INING ER MENT Minu	HIGHE NUMB PREVIOUS PAID F	EST PRESENT USLY EXTRA OR	J ["	ADDI-		RATE (\$)		ADDI:
folal profe Lieup Independent profe Lieup	CLA REMAI AFTI AMEND	IMS INING ER MENT Minu Minu	HIGHE NUMB PREVIOU PAID F	EST PRESENT USLY EXTRA OR	RATE ("	ADDI- TIONAL	OR X	RATE (\$)		ADDI:
folal in cre literal independent profesions Applications	CLA REMAI AFTI AMEND 3	IMS NING ER MENT Minu Minu FR 1.16(s))	HIGHE NUMB PREVIOU PAID F	EST IER USLY OR PRESENT EXTRA OR *	X\$ 25 X100	\$)	ADDI- TIONAL	OR X	RATE (\$)		ADDI:
folal in cre literal independent profesions Applications	CLA REMAI AFTI AMEND 3	IMS INING ER MENT Minu Minu	HIGHE NUMB PREVIOU PAID F	EST IER USLY OR PRESENT EXTRA OR *	X\$ 25 X100 +180=	\$)	ADDI- TIONAL	OR X OR T	\$50		ADDI:
folal in cre literal independent profesions Applications	CLA REMAI AFTI AMEND 3	IMS INING ER MENT O Minu FR 1.16(s)) ULTIPLE DEPEN	HIGHE NUMB PREVIOUS PAID F S - 30 DENT CLAIM	PRESENT EXTRA OR (37 CFR 1.160)	X\$ 25 X100	3)	ADDI- TICHAL FEE (\$)	OR X OR TO	RATE (\$) 250 2		ADDI:
folal in cre literal independent profesions Applications	CLA REMAI AFTI AMEND To Fee (37 CONTATION OF MICHIGAN CLAIMS	IMS INING ER MENT O Minu FR 1.16(s)) ULTIPLE DEPEN	HIGHE NUMB PREVIOUS PAID F S - 30 DENT CLAIM	PRESENT EXTRA OR (37 CFR 1.16(1))	X\$ 25 X100 +180=	3)	ADDI- TICHAL FEE (\$)	OR X OR TO	\$50 200 a		ADDI:
folal in cre literal independent profesions Applications	CLAIMS REMAIN AFTI AMEND 3 Ize Fee (37 C	IMS INING ER MENT O Minu FR 1.16(s)) ULTIPLE DEPEN 1) S NG	HIGHENUMB PREVIOUS S 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	PRESENT EXTRA (37 CFR 1.16(1)) 1 2) (Column 3) 7 PRESENT	X\$ 25 X100 +180=	"	ADDI- TICHAL FEE (\$)	OR X OR X OR TO	\$50 200 360=		ADDI- FIONAL FEE (8)
Total Total Total Total	CLAIMS CCOLUMN (COLUMN CLAIMS REMANINI	IMS INING ER MENT O Minu FR 1.16(s)) ULTIPLE DEPEN 1) S NG	HIGHEST NUMBER	PRESENT EXTRA (37 CFR 1.16(1)) 1 2) (Column 3) 7 PRESENT	RATE (X\$ 25 X100 +180= TOTAL ADD'L FEE	i) A	ADDI- TIONAL FEE (\$)	OR X OR TO	\$50 200 a	A	ADDI:
Total	CLAIMS AFTI AMEND Ize Fee (37 C VIATION OF AM (Column CLAIMS REMAINI AFTER AMENDME	IMS IMING ER MENT O Minus FR 1.16(s)) ULTIPLE DEPEN 1) S NG IMINUS Minus Minus	HIGHENUMB PREVIOUS PAID FOR STANDARD FOR STA	PRESENT EXTRA (37 CFR 1.16(1)) 1.2) (Column 3) T PRESENT EXTRA	RATE (X\$ 25 X100 +180= TOTAL ADD'L FEE RATE (\$) X\$ 25	i) A	ADDI- TICHAL FEE (\$)	OR X OR TO	\$50 200 = 360= OTAL OU FEE	A	ADOI- FIONAL FEE (5)
Total	CLA REMAIN AFTI AMEND COLUMN COLUMN CLAIMS REMAININ AFTER AMENDME	IMS INING ER MENT O Minu O Minu FR 1.16(s)) ULTIPLE DEPEN 1) S NG INT Minus R 1.16(s))	HIGHES NUMBER PREVIOUS PAID FOR	PRESENT EXTRA (37 CFR 1.16(1)) 1.2) (Column 3) R PRESENT EXTRA R PRESENT EXTRA	RATE (X\$ 25 X100 +180= TOTAL ADD'L FEE	i) A	ADDI- TIONAL FEE (\$)	OR X OR X OR TO	\$50 \$50 \$60 \$750	A	ADOI- FIONAL FEE (5)
Total	CLA REMAIN AFTI AMEND COLUMN (Column CLAIMS REMAINI) AFTER AMENDME	IMS IMING ER MENT O Minus FR 1.16(s)) ULTIPLE DEPEN 1) S NG IMINUS Minus Minus	HIGHES NUMBER PREVIOUS PAID FOR	PRESENT EXTRA (37 CFR 1.16(1)) 1.2) (Column 3) R PRESENT EXTRA R PRESENT EXTRA	RATE (X\$ 25 X100 +180= TOTAL ADD'L FEE RATE (\$) X\$ 25	i) A	ADDI- TIONAL FEE (\$) DDI- DNAL E (\$)	OR X OR X OR TO OR AD OR AD	360= TAL OL FEE ATE (\$)	A	ADOI- FIONAL FEE (5)
Total	CLA REMAIN AFTI AMEND To Fee (37 CFF AMENDME TO Fee (37 CFF ATION OF MULTINON OF MULTI	IMS INING ER MENT O Minu O Minu FR 1.16(s)) ULTIPLE DEPEN I) S NG INT Minus R 1.16(s)) TUPLE DEPENDE	HIGHENUMB PREVIOUS PAID FOR PREVIOUS PAID FOR PA	PRESENT EXTRA (37 CFR 1.16(1)) 1.2) (Column 3) R PRESENT EXTRA R PRESENT EXTRA	RATE (X\$ 25 X100 +180= TOTAL ADD'L FEE RATE (5) X\$ 25 X100	i) A	ADDI- TIONAL FEE (\$)	OR X OR TO OR AD OR AD OR AD OR AD	200 = 360= OL FEE ATE (\$) 50 = 00 = 60=	A	ADOI- FIONAL EE (5)

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

Soliection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, buding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent 17 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS DRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.